Group Personal Accident and Sickpay Schedule

Group Policy Details				
Policy Number:	N63670AHA250			
Insured:	Scotland Police Group Insurance Benefit Scheme			
Address:	Police Station, 5 woodside Place, Glasgow G3 7QF			
Business description	Police Group Insurance			
Period of Insurance	**Effective:** **Issue Date:**	1st April 2025 10th March 2025	**Expiry Date:**	31st March 2026
Insurer:	The policy is underwritten by Millstream Underwriting Ltd, Registration No. 3896220. Registered Office: 52-56 Leadenhall Street, London, EC3A 2EB on behalf of: Arch Insurance Company (UK) Limited, 4th Floor, 10 Fenchurch Avenue, London EC3M 5BN Financial Conduct Authority Firm reference number: 229887			
Premium:	Premiums are calculated in accordance with rates agreed between Millstream Underwriting Limited and the **Insured.** These will be included as part of the premium for the **Insured** Benefit Scheme paid by the Member to the **Insured.**			
Intermediary Name:	Philip Williams Insurance Management			

Insured Persons and Operative Times

Insured Persons		**Operative Time**
Category A	Any Member serving as a police officer up to the age of 70	24 Hours
Category A	Any Member serving as police staff up to the age of 70	24 Hours

millstream

Policy Limitations	
Accumulation Limit	**Maximum Limit per Insured Person**
Any one event	£10,000,000
Per event for all Insured Persons travelling in a multi-engine aircraft	£1,000,000
Per event for all insured persons travelling in any other aerial device other than a multi-engine aircraft	£1,000,000
Section B: Sick pay	For serving officers of rank above Chief Inspector, benefit of **Salary** paid will be limited to the highest rate applicable to a Chief Inspector at the time of claim

Section A: Personal Accident			
	Benefit Description	**Insured Persons** **Category A – Limits Per Person**	**Insured Persons** **Category B – Limits Per Person**
1.	**Death**	Not Covered	Not Covered
2.	**Permanent Total Disablement**	£50,000	£50,000
3.	**Permanent Disabling Injury: Maximum Benefit**	Not Covered	Not Covered
4.	**Loss of sight in one eye**	£50,000	£50,000
5.	**Loss of sight in both eyes**	£50,000	£50,000
6.	**Loss of one limb**	£50,000	£50,000
7.	**Loss of two or more limbs**	£50,000	£50,000
8.	**Loss of hearing in one ear**	£25,000	£25,000
9.	**Loss of hearing in both ears**	£50,000	£50,000
10.	**Temporary total disablement**	Not Covered	Not Covered
	Deferment Period	N/A	N/A
	Benefit Period	N/A	N/A
	Section A: Extensions		
11.	**a. Un-planned Hospital Confinement (per overnight stay)**	Not Covered	Not Covered
	b. Planned Hospital Confinement (per overnight stay	Not Covered	Not Covered
	Deferment Period - Planned	N/A	N/A
12.	**Unsociable Hours Benefit**	Not Covered	Not Covered
13.	**Emergency Dental Treatment**	Not Covered	Not Covered
14.	**Criminal Court Compensation Award**	Not Covered	Not Covered
15.	**On Duty Assault Firearm/Stabbing/Dog Attack**	£1,500/£750/£750	Not Covered
16.	**Burns causing Disfigurement or Scarring**	Up to £5,000	Not Covered
17.	**On Duty Acquired HIV or Hepatitis B**	Not Covered	Not Covered
18.	**Convalescent Benefit**	Not Covered	Not Covered

Section B: Sickpay	
Benefit Description	**Insured Persons** **Category A – Limits Per Person**
Sickpay	Not covered
Qualifying Period	n/a
Benefit Period	n/a

Endorsement 1: Permanent Disabling Injuries – Scale of Benefits		
Benefit 3. **Permanent Disabling Injuries** is extended to include the following benefit:		
		Category A
	Maximum Benefit	**This Benefit & Section is Not Covered**
		Percentage of Maximum Benefit payable
a.	Total loss of use of:	
	i) The back or spine below the neck with no damage to the spinal cord	40%
	ii) The neck or cervical spine with no damage to the spinal cord	30%
	iii) Shoulder or elbow	30%
	iv) Wrist	25%
	iv) Hip, knee or ankle	25%
b.	Total loss of or total loss of use of:	
	i) Foot below the level of the ankle (talo-tibial joint)	50%
	ii) a thumb	25%
	iii) a forefinger	20%
	iv) any other finger	15%
	v) a big toe	10%
	vi) any other toe	3%
c.	Fractured leg or foot with established non-union	25%
d.	Fractured knee cap with established non-union	20%
e.	Shortening of leg by at least 3 centimetres	15%
f.	Removal of lower jaw by surgical operation	30%
g.	Complete and irrecoverable loss of:	
	i) Sense of smell	10%
	ii) Speech	100%

For a **Permanent Disability** not listed above, the benefit payable will be based on **Our** medical assessment of the degree of disability in relation to the above scale and without reference to **the Insured Person**'s occupation

Provided that:

a. The total benefit payable shall not exceed 100% of the Maximum Benefit for each **Insured Person** in respect of any one **Accident**.
b. If benefit is payable for Loss of or Loss of use of a Limb then benefits for parts of that limb cannot be claimed.